


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 JUL -3 AM 9:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712026 (4)
1. Corporation Name
**INTERNATIONAL VISITORS COUNCIL OF CENTRAL FLORIDA
A, INC.**

Principal Place of Business Mailing Address
1400 W FAIRBANKS, 102 P.O BOX 1311 WINTER PARK FL 32789-1299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/28/1966** 3a. Date of Last Report **08/11/1994**

4. FEI Number **59-1837575** Applied For Not Applicable

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CHASTANG, LAWRENCE J.
1400 W. FAIRBANKS, #102
32789**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | PD KING, LENI |
| NAME | 5287 MAJOR BLVD #607 ORLANDO FL |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | ED WOOD, LORRAINE |
| NAME | 6253 WESTGATE CRL #1406 ORLANDO FL |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | S FILER, PATRICIA T. |
| NAME | 1461 GROVE TERRACE WINTER PARK FL |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | T CHASTANG, LAWRENCE J. (T) |
| NAME | 1400 W FAIRBANKS AV #102 WINTER PARK FL |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Jittu, Daniel D. (D) |
| 1.3 STREET ADDRESS | 2520 N. Country Road Longwood, FL 32750 |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | 1st. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Marshall, III, John R. (D) |
| 2.3 STREET ADDRESS | 4619 Derry Court Orlando, FL 32817 |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Sands, Fenton B. (D) |
| 3.3 STREET ADDRESS | 3762 Silver Rose Court Orlando, FL 32808 |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | |
| 4.2 NAME | 100001531821 |
| 4.3 STREET ADDRESS | -07/07/95--01027--002 |
| 4.4 CITY - ST - ZIP | *****61.25 *****61.25 |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: _____ TREXBURER 7/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #